## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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**FILED** 

Apr 16 1997 8:00am

Secretary of State

1997 DIVISION OF CORPORATIONS				Scorca	Scordary of State		
	MENT # K18337 VIDEO CARIBE, INC.	' (1)					
1.					0:1:11		
Principal Plac	ce of Business	Mailing Address			<u> </u>		
1424 NW 82 /		1424 NW 82 AVE					
MIAMI FL 331		MIAMI FL 33126-1508					
US		US			I & Day III		
				3. Date Incorporated or Qualified 03/17/1988	3a. Date of Last F 04/30/1996	ероп	
2. Principal f	Place of Business	2a, Mailing Address		4. FEI Number		oplied For	
21		26		65-0066375		ot Applica	
Sulte, Apt	. #, e1o.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27		5. Commodite of chalds begind	Fee R	equired	
City & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution	Added Added	May Be to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		. 199.032	
4	25 9. Name and Address of Curren	29 29 Agent	[30]	Florida Statutes  10. Name and Address of New Re	Yes No		
FEN	NTE, MANUEL F.		81 Name	PENTE, MANUEL F.  Iress (P.O. Box Number is Not Accepta			
			84 City MT	AMI	FL 85 Zip	Code 3131	
SIGNATURE	Signature, typod or printed name of registered age	ot and title if applicable (NC	oTE: Registered Agent signature requ		DATE		
<b>12.</b> TITLE	OFFICERS AN	DEFFIE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR  Change	S IN 12	
NAME	HERNANDEZ, ARNALDO C.		1.2 NAME		Ondango		
STREET ADDRESS	15582 SW 137TH PLACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY - \$1 - ZIP				
TITLE	V	DELETE	2.1 TITLE		☐ Change	Addi	
NAME	HERNANDEZ, ARNALDO J.		2.2 NAME				
STREET ADDRESS	15582 SW 137 PL		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	DELETE	2. 4 City - S1 - ZiP		Change	T Addit	
TITLE :		L' DECEIE	3.1 TITLE 3.2 NAME		LJ UNANGE	L Addit	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CHY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addit	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHTY-ST-ZIP		T better	4.4 CITY - ST - 7IP		——————————————————————————————————————	77	
TITLE	1	₩ DETEAE	511MLE		Change	Addit	
NAME STREET ADDRESS			5.2 NAME				
DITY-ST-ZIP			5.3 STREET ADDRESS 6.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE		Change	☐ Addit	
NAME		<del></del>	6.2 NAME		*	-	
STREET ADDRESS			63 STREFT ADDRESS				
CITY-ST-ZIP	i		6.4 C/TY - ST - ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this support as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.